**Section 2100.110 Membership**

a) Any Employee who is eligible to participate in any of the following coverages maintained by the Department shall become a Member in the Plan on the first day of such eligibility, but not before the Effective Date.

1) Group Health (including an available Health Maintenance Organization)

2) Optional Group Term Life Insurance subject to combined maximum Employer provided and Employee elected limit of $50,000 (26 U.S.C. 79), or

3) Any group health, life or dental coverage maintained by a unit of the Employer and approved by the Department for inclusion under this Plan.

b) The coverage maintained by a unit of the Employer shall be approved by the Department for inclusion if:

1) the cost of the proposed benefit coverage does not exceed the cost of like benefits offered by the Department and the coverages do not exceed the scope and cost of like policies offered in the industry, and

2) the proposed coverage presents no undue administrative burden by imposing more than a de minimis increase in cost or duties upon the State.

3) the unit of the Employer:

A) provides written certification to the Department and Comptroller which states that the amount of Premium Dollars deducted for each Employee is for the approved coverage, and

B) maintains current membership lists for the approved coverages or requires the submission of them from the insurance carriers to assure accurate submission of payroll vouchers by the unit of the Employer.

4) the proposed coverage qualifies for the tax exemption provisions of Section 125 of the Code (26 U.S.C. 125), and

5) inclusion of the proposed coverage would not constitute discrimination under Section 125 of the Code (26 U.S.C. 125).

c) A list of the approved coverages is available upon request to the Department.